

**Financial Institution/Service Provider Information Form  
(FM01)\***

rev. 1/04

**Calendar Year 2004**  
**OFFICE OF RECOVERY SERVICES/CHILD SUPPORT SERVICES**  
Pursuant to Utah Code Annotated 62A-11-304.5 and 62A-11-104.(8)

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Projected Method of transfer of data:**

Projected method of transfer of data: 1. FTP (preferred method) \_\_\_\_\_  
2. 3480 or 3490 Cartridge \_\_\_\_\_

ORS prefers the use of FTP. If you are unable to comply with FTP requirements as stated in the booklet, please explain your barriers:

\_\_\_\_\_  
\_\_\_\_\_

**Does your institution use a service provider for Financial Institution Data Matching Program? If so, please complete the following:**

Service Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(the Institution), as a Financial Institution participating in the State of Utah, Office of Recovery Services Financial Institution Matching Program, pursuant to Utah Code Annotated 62A-11-304.5 and 62 A-11-104.(8), designates an agent, \_\_\_\_\_ (the agent) for the purpose of satisfying reporting requirements.

Both the Institution and the Agent acknowledge and agree that any information received from ORS/CSS pursuant to this law is confidential and may be used solely for the purpose of complying with the reporting requirements. Both the Institution and the Agent acknowledge and agree that they will not disclose any information contained in an informational return of request for information by ORS/CSS except to their respective authorized employees engaged in complying with the reporting requirements of Utah Code Annotated 62A-11-304.5 or to authorized employees of ORS/CSS. Both the Institution and the Agent acknowledge and agree that they are bound by the confidentiality provision of U.C.A. 63A-2 and are subject to the penalties contained therein.

**By signing below, I accept the above conditions and certify that I am authorized to do so on behalf of this designated institution or company.**

Signature of authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**If you have questions concerning this form, please contact Tiffeni Wall, Office of Recovery Services, at (801) 536-8902. PO Box 45011, SLC, UT 84145. Fax: (801) 536-8509 E-mail: orfidm@utah.gov**

**Annual Update:** *Please complete and/or make appropriate updates and return by January 30<sup>th</sup>, 2004*

